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ABSTRACT

Information and a framework that permits teachers to plan and initiate a successful sex education program for students with mental disabilities is provided. A major aspect of sex education should be its focus on social relationships, emotions, choice-making, and responsibilities to self and others. Sex education should not be viewed as a collection of facts, but as a problem-solving approach to real life situations. Discussed are the purposes of sex education, the qualities of an effective teacher of sex education, resources to help teachers learn about sex education instruction, use of resource persons, preparation of students for sex education, and involvement of students in the instructional process. Suggestions are offered for preventing controversy about the sex education program, primarily by communicating with parents. Five tables offer: (1) a developmental scope and sequence of sex education for mildly mentally disabled students; (2) two approaches to content organization in sex education, developed by W. Kempton and E. A. Polloway; (3) a list of selected commercial materials; (4) a list of topics for resource persons; and (5) sex education goals and objectives used at Ruby Van Meter School, Des Moines (Iowa) Public Schools. (JDD)

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Chapter Seventeen

Sex Education

Jerry A. Caster

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The contributions of Chris Brown, School Social Worker, and Dotty Solliday, School Nurse, Ruby Van Meter School, Des Moines Independent Community School District, are gratefully acknowledged. Their experience with sex education for students with mental disabilities has been invaluable.

OVERVIEW

The purpose of this chapter is to stimulate interest in providing sex education for students with mental disabilities. By and large, it is an area of instruction that receives little attention. In most schools it is handled informally and with little definition of scope, sequence, and desired outcome. In schools where sex education is now being formally offered, public concern about sexually transmitted diseases gives impetus to re-examining the content offered. In the field of mental disabilities, the teacher will continue to play the major role in determining whether or not students have access to a sex education program and, if offered, the nature of the program.

The need for quality sex education for all children and youth has never been greater. Children live in an overtly sexually oriented society. Television transmits sexual information to students of all ages with less innuendo and great explicitness. Vast hours of television consumption lower the age at which children become sexually aware and provide role models that compete with traditional values. The dialogue on TV and the lyrics of music alter past definitions of acceptable language and public conversation. In addition, many authorities describe teenage pregnancies as being at a crisis level. In 1985, 54 girls, age 14 and under, gave birth. In Iowa, during that same year, 72 percent of the live births to girls between 15 and 17 years of age were out of wedlock. That was almost 900 births (Adams, et al., 1986). Public interest in finding ways to prevent sexual abuse of children has been heightened by increased reporting of child abuse. Clearly, concern about the health risks of sexually transmitted diseases has done the most to change attitudes about the role of the school in providing sex education. Sex education is not only more acceptable now, but a major part of society is looking at public education as the primary vehicle for safeguarding the health of this generation and the next generation.

Sexually transmitted diseases, primarily AIDS, have created a situation where the schools are expected to do something to correct a serious societal problem. Whether or not public education can live up to this expectation and help prevent AIDS remains to be seen. Regardless, the opportunity is now present to openly respond to the sexuality needs of students with mental disabilities. It will be important not to teach just the mechanics of sex and disease prevention, but also to address the broader social-sexual needs of students as they develop from children to adults.

Even with increased acceptance of sex education in the schools, teachers still need to be cautious about teaching sex education. Sex education continues to be a sensitive topic for the classroom. The possibility of teachers being accused of promoting sexual behavior or tampering with the values of students will always be present. The only defense against such accusations will be the evidence of quality planning, communication with parents, and effective use of resources. This chapter provides information and a framework that permits teachers to begin to plan and initiate a successful sex education program.

BASIC CONSIDERATIONS

Iowa defines a larger percentage of the school population as being eligible for special education under the category of mental disabilities than do other states.

Most states, using the terminology "mental retardation" or "mentally handicapped", require students to perform close to two standard deviations below the mean on individual tests of intellectual performance. Iowa requires students to perform at least one standard deviation below the mean on individual tests. While impairment in adaptive behavior is expected for eligibility in Iowa and elsewhere, there is the potential for some Iowa students to have higher adaptive behavior skills than non-Iowa subjects included in research on sex education. This limits the ability to generalize research to all Iowa students. At the same time, higher adaptive skills may be associated with increased social opportunity, which makes the need for knowledge of sex education possibly even stronger.

Nationally, sex education for all students has received little attention. Writing in 1981, Gordon reported that scarcely 10 percent of public school students received anything approaching adequate sex education. There is no evidence to suggest that this has changed since that time. A review of the literature in mental retardation reveals that only 42 percent of the special education teachers surveyed in one study even included sexuality education in their programs and most had not covered the subject in depth or detail. Those same teachers reported that students had a need for sexuality information and were interested in learning more about it in school (Brantlinger, 1985).

Students in mental disabilities programs are described as being most like their nonhandicapped chronological age peers in physical maturation and emotional development than in other areas. This means that the need for sex education will parallel the need for information of nonhandicapped students of comparable chronological age. Blom states that "Children with handicaps have greater concerns about their bodies, body parts, and body functioning than do normal children" (1971, p. 361). If this is true, sex education is needed for the emotional well-being and self-concept of students.

Brantlinger (1985) studied the information and attitudes of students in secondary programs. From her interviews with 13 students, she found:

1. 10 of 13 students felt sex was dirty or nasty business

2. 8 of 13 felt premarital intercourse was acceptable

3. 3 of 5 girls claimed to have had no information about menstruation prior to their first period

4. 4 of 13 students reported parents would be upset if they were pregnant or if they got someone pregnant

5. 10 of 13 students reported marital or sexual problems that parents or siblings were having or had in the past

6. 3 of 13 students lived with both biological parents.

Students with disabilities did not feel that peers or siblings were good sources of sex education information. Instead, students identified teachers as their preferred source of information.

Teacher-provided sex education, as opposed to information coming from other sources, is easily supported by what is known about students with mental disabilities and their situations. In reality, that group might have a greater need for school-provided sex education than nonhandicapped students. The student with mental disabilities has limited access to information for a number of reasons. Lower reading levels make independent inquiry not possible. Language limitations and difficulty in processing abstractions make comprehension of terminology and understanding of biological causes and effects difficult. Also, sexual activity is conducted in private. Observational learning is not possible. While television and movies create awareness of sexual behavior, they do not provide understanding. Left to drawing their own conclusions from those sources, students are filled with misinterpretations and misinformation.

Most students in school are able to rely on their peer group for at least some information or clarification about sexuality. Here again, students with mental disabilities are at a disadvantage. At least a few students are isolated and have no peer group and, for some students, their peer group consists of other students with mental disabilities or low achieving students. Even the most socially skilled student is at a disadvantage because, to appear to be uninformed about sex by asking questions of nonhandicapped peers, may be a threat to belonging.

Impaired adaptive behavior is a characteristic of mental disabilities. One aspect of this impairment is usually reduced ability to observe the environment, identify appropriate behavior, and model it. It is known that the stronger and more visible the model provided, the easier it is for the disabled student to reproduce it. Unfortunately, the strongest and most visible models in school often are the profanity users, hallway lovers, and braggarts about alleged sexual activity. Television and films complicate understanding by consistently showing male-female relationships, masculinity, and femininity in ways that are unrealistic or unacceptable in real life. Also, for most students, the home is not an environment that provides sex education or corrects misinformation.

Students with mental disabilities have the same emotions, needs, and sex drives as other students (Gordon, 1971). They also have a reduced ability to acquire and process complex information. If the goal of the curriculum is to prepare students to function responsibly as adults in all aspects of life, sex education cannot be neglected.

BEST PRACTICES

Scope of Sex Education

The scope of the content of sex education is much greater than the term implies. It is more than understanding sexual intercourse. It is more than fetal development, birth control, or disease prevention. While this information is important, if it is all that is included, sex education is taken out of a personal, emotional, and social context. A major aspect of sex education is its focus on social relationships, emotions, choice-making, and responsibilities to self and others. In terms of human existence, the sex act itself has very brief meaning. In contrast, the attitudes, feelings, involvements, and consequences that precede and follow the sex act have lasting impact.

At various times sex education has gone by other names. Although there may be a feeling that alternative labels obscure the inclusion of "sex" information for students, the labels may more accurately project the broader image of sex education. Some terms used have been human growth and development, sexuality education, and family-life education. Family-life education perhaps most adequately conveys the image of the individual interacting with others, the array of choices that exists during life, and the understanding that responsibilities follow choices. Understanding the nature and scope of sex education has significant instructional importance. Viewed as a collection of facts, sex education becomes no more than memorization. However, if it is viewed as an application of information to real life situations, it must include a problem-solving approach so students can evaluate possible situations and reach personally acceptable conclusions about self and behavior.

What is referred to as social skills or personal relationship skills play an important role in sex education. This is highlighted by the following:

> [Sex education is] a process of . . . being human. (Kempton, 1975, p. 9)"
>
> The primary aim of sex education is to help each individual to understand himself [or herself] as a sexual being in the total sense and to use that knowledge in a responsible manner. (SECDC, 1971, p. 1)

The heavy emphasis on social skills and social responsibility in traditional curriculum for students with mental disabilities should provide a useful foundation for sex education. This is a foundation that can be effectively built upon to help students understand the many facets of sexuality.

Purposes of Sex Education

To teach in any content area requires a clear understanding of the underlying purposes of the instructional area. That understanding is the beginning point for planning and the basis for selecting content and methods. In all instruction, including sex education, the purposes must be interpreted so there is a fit between the content and the maturational level and needs of the students.

The purposes of sex education for the mentally disabled are that, after instruction, the student will:

1. Understand and appreciate his or her own sexuality.
2. Know basic male and female anatomy and male-female roles in the reproductive process.
3. Understand that no one has the right to do something sexual to him or her without permission.
4. Understand the responsibilities of parenting.
5. Understand that birth control methods should be used unless children can be provided for and are wanted.

6. Understand his or her role in protecting personal health and the health of others.

7. Know the resources available for persons who have been sexually abused or have contracted a sexually transmitted disease.

8. Understand the social-sexual values of society.

A few of the purposes warrant explanation. The purpose of students understanding and appreciating their own sexuality is one of these. This refers to a student understanding that he or she is a male or a female, understanding how his or her body develops, and knowing what is appropriate private behavior. Knowledge of the opposite sex is important, but the emphasis is on the characteristics of the student's own sex. Ultimately, the contribution of the student's own sex to reproduction and his or her role in child raising becomes important. The desired result is that students will be comfortable with their gender, their own values, and their relationships with the opposite sex.

An important purpose is student understanding of their own sexual rights. The naivete of most students makes it important they they understand what their rights are and the rights of others. It is important that students learn that they have control of their own bodies and they have the right to choices. For individuals that may be easily influenced by others, learning that it is acceptable to be assertive and to say "No" is the only way to insure that a choice truly exists.

The last purpose that warrants explanation is the understanding of society's social-sexual values. This purpose insures that students understand sexual taboos. Such things as the legal problems created by exhibitionism and voyeurism are included. Likewise, the prohibitions against incest, rape, and sexual abuse of children are taught. Students with mental disabilities are expected to conform to the standards of society. It is only reasonable that those standards be taught.

Much of the content of sex education is taught during the senior high school years. However, it cannot be emphasized enough that the foundation of factual information and values really occurs prior to that time. To wait until high school is to leave many students vulnerable to misinformation and social blunders, and to miss the period when student sensitivity to others is less hampered by peer pressure and incorrect perceptions of what it is to be a mature male or female. Table 1 shows the general scope and sequence of sex education for students with mental disabilities in grades K-12.

The organization and classification of content within sex education can be done in a variety of ways. Any system selected should be useful to teacher planning and the delivery of instruction. Kempton (1975, pp. 62-63) and Polloway, Payne, Patton, and Payne (1985, p. 390-391) offer different approaches for organizing the content of sex education. This is shown in Table 2.

Teacher Qualities

Knowledge of subject matter is required of a teacher of any subject. However, it is recognized that to teach sex education requires some additional qualities to be effective. Some of these include:

Table 1

Developmental Scope and Sequence of Sex Education for Mildly Mentally Disabled Students

	Biological Information	Health and Hygiene	Emotions and Feelings	Self Protection	Social Skills
Lower Elementary	Basic body parts & functions	Self-help skills	Awareness & labeling of feelings	Concept of private body parts	Gender identification
	Awareness of reproduction of species	Habits that promote cleanliness	Development of empathy	Understanding of acceptable/unacceptable touches	Knowledge of private/public behavior
				Concept of self-protection	Awareness of sex differences
				Ability to seek help	Awareness of biological relationships in immediate family
					Comfort in asking questions
Upper Elementary	Male/female reproductive systems (general)	Menstruation information & hygiene skills	Awareness & labeling of feelings	Expanded sense of private/public behavior	Understanding of slang terminology
	Terminology for body parts & functions				Understanding of appropriate conversation
	Reproductive process-conception through birth (general)	Expansion of responsibility for cleanliness & self care	Awareness of situations that evoke different emotional responses or feelings for self & others	Ability to reject sexual advances	Awareness of activities preferences of sexes
	Awareness of variation in maturational rates			Knowledge of adults available for assistance	Understanding of biological relationship between self & relatives
	Awareness of influence of genetics on personal characteristics				Comfort in asking questions

	Biological Information	Health and Hygiene	Emotions and Feelings	Self Protection	Social Skills
Junior High	Awareness of biological changes occurring in puberty	Knowledge of sexually transmitted diseases and prevention/	Understanding of masturbation as sexual release	Understanding of right to say "NO"	Demonstrates appropriate private/public behavior
	Awareness of variations in maturational rates	Continued responsibilities for cleanliness & self care	Acceptance of self	Knowledge of potentially dangerous situations	Acceptance of consequences for own behavior
	Awareness of birth control		Relates own behavior to feelings of others	Knowledge of sexual taboos	Defines behavior in terms of appropriateness
				Knowledge of adults/ services available for assistance	Knowledge of behaviors that promote friendships
					Comfort asking questions
Senior High	Male/female reproductive systems (specific)	Knowledge of influences on well-being of unborn child	Understanding of emotions associated with sexual arousal	Establishes a rationale for readiness for sexual activity	Defines acceptable adult sexual behavior
	Reproduction process/ conception through birth (specific)	Understanding of needs of newborn/young child	Understanding of emotional needs of others	Defines personal rights & rights of others	Knowledge of behaviors that promote friendships
	Knowledge of birth control resources	Knowledge of sexually transmitted diseases & prevention/treatment	Understanding of physical/ emotional changes of pregnant woman	Ability to reject sexual advances	Defines reasons for dating
		Acceptance of responsibility for cleanliness & self care	Understanding of demands of parenthood	Knowledge of adults/ services available for assistance	Defines reasons for marriage
			Defines own interests, needs, dislikes		Defines reasons for parenting
					Knowledge of adult life-styles (single, married, live alone, same sex roommates)
					Comfort in asking questions

Table 2

Approaches to Content Organization in Sex Education

Kempton's Organization

Biological and Psychological

1. Male and female anatomy and physiology, and their respective roles in human reproduction.
2. Understanding sexual impulses or body feelings and how they are aroused and controlled.
3. The recognition of genetics.

Sociological

1. Consideration of sex-related issues, such as population growth, control of obscenity, sex-related crimes and perversions, illegitimacy, and prostitution.
2. Existing laws governing sexual behavior and cultural mores.
3. Deviant behavior as defined by law and society.
4. Male and female roles.

Health

1. Correct information and elimination of misconceptions relating to menstruation, masturbation, sex play, early or late.
2. Discussion of cleanliness.
3. Information on sexually transmitted diseases, menopause, cancer detection tests, and physical examinations.

Relationships

1. Exploration of ideal and realistic relationships between individuals and their families, friends, lovers, and spouses.
2. Discussion of the feelings (love, anger, need, consideration) and their expression.
3. Roles and responsibilities in parenting.

Values

1. Through discussion, definition by each individual of his or her own set of values which relates to his or her sexuality and the sexual behavior of others.

Polloway's Organization

Awareness of Self

1. Sexual identification
2. Knowledge of body parts

Understanding of Maturity and Puberty

1. Development of genitalia and secondary sex characteristics
2. Menstruation
3. Emotional factors

Interpersonal Relationships

1. Dating, boy friends and girl friends
2. Sex roles
3. Peer pressure

Sexual Responsibilities

1. Intercourse
2. Pregnancy
3. Birth
4. Masturbation
5. Sexual varieties and alternative life styles

Sex and Marriage

1. Understanding a spouse's feelings
2. Frequency of sexual relations
3. Responsibilities within the relationship
4. Common problem areas

Child-Bearing and Rearing

Venereal Disease

1. Syphilis
2. Gonorrhea
3. Herpes virus
4. AIDS

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1. Comfort with own sexuality.

2. Comfort with the language of sex, both technical and slang.

3. Acceptance and tolerance of the feelings, attitudes, and values of others.

4. Honesty and directness in manner and speech.

5. Sense of humor.

Students with mental disabilities place even additional skill demands on those teaching sex education. Teachers must have the ability to adapt content to the

learning characteristics of students. Making understandable the many abstractions associated with sex education is difficult. Likewise, adapting technical language to promote comprehension, probing to check student understanding, and re-teaching as necessary is not easy. A critical skill is the ability to help students with limited verbal ability develop their own opinions about correct behaviors and acceptable values. This requires the ability to structure lessons that insure accuracy of content learning, high student involvement, and open discussion of alternatives and consequences.

For a teacher to be able to let students develop their own opinions is influenced by his or her own attitudes about the sexuality rights of students with mental disabilities. The question, "Should students with disabilities have the same right to sexual expression as others in our society?" must be answered. The purpose of sex education is not to control the sexual feelings, drives, or behaviors of students. The intended purpose is to give students information that will permit them to understand their sexuality and to express it in a way that is satisfying. Teachers cannot control the behavior of students. However, teachers can insure that students are given the opportunity to understand the implications of sexual relationships and to form values of their own.

Special educators have little specific preparation in teaching sex education. Most special education teacher preparation acknowledges that sex education should be included in the curriculum, but the what and how are not addressed. This is an obstacle but it can be overcome. If the teacher believes that sex education is important, there are resources to assist in determining content, sequence, and methodology. However, comfort with content and personal attitudes are critical areas for teacher self-evaluation prior to teaching sex education to students.

Learning About Sex Education Instruction

Limited training and experience should not prevent a special education teacher from offering a sex education program to his or her students. There are resources available to overcome these barriers. Otherwise, for many students sex education would never be made available. Within every school building or school district are educators who are experienced with sex education instruction. Potentially, health educators, school nurses, home economics teachers, or science teachers can provide materials and ideas that will be useful. Some of the most useful information the teacher can collect is about the nature, scope, and sequence of the sex education program provided in the general education curriculum. Knowing what is taught and where it is placed in the curriculum will help to identify materials for evaluation and staff to whom specific questions about instructional methodology can be directed. Also, the special education teacher should be interested in learning if there are aspects of sex education that have not been included in the curriculum because of administrative or parent objection or if there have been past problems centering around sex education. This information could help the special educator avoid implementation problems.

The community may have resource persons that can be helpful. Many churches, individually and cooperatively, have developed and implemented excellent sex education programs for junior and senior high age youth. It is possible that some of the content sequences, materials, or references used in church-sponsored sex education programs would be useful. Public health nurses, outreach programs serving

low-income mothers, or adult education programs might be useful resources in some communities. Another community resource is the local Planned Parenthood affiliate. Nationally, Planned Parenthood has contributed significantly to the literature that exists about the sexual knowledge, attitudes, and behavior of adults with mental retardation. Locally, this organization may have materials that can be borrowed or specialists in sex education available to discuss content and methodology. Even though the teacher may work with community experts in sex education, the teacher still maintains the responsibility for deciding what is appropriate for the students and acceptable in school.

Reviewing well-designed curriculum materials in sex education is an excellent strategy for learning both content and methodology. Fortunately, there are some outstanding materials that have been developed for students with mental retardation. These are described in Table 3. Because of the learning characteristics of the population, some of the programs are scripted and utilize slides to promote student understanding and class discussion. Some of the programs may be too expensive or more visually explicit than would be acceptable in some schools. However, the methods used to help students learn abstract concepts in those instructional programs will stimulate teachers to generate other ideas that could be used in their classrooms. It is important that teachers of students with mental disabilities review sex education content specifically designed for students that have similar needs and learning characteristics. In the development of the materials, great thought has been given to terminology and methods for concept development. Many of the programs are available for preview and some may be available in the libraries of Iowa's area education agencies (AEA).

The AEA library is certainly a resource for gathering information; it is the best place to start. The library can provide computerized searches of the literature, provide abstracts, and may have books or curriculum guides available. Each AEA should have available copies of Project Pride, described in Table 3. Also, previewing sex education films for different age levels in the AEA media center will give some idea of the content, scope, and sequence found in general education.

Using Resource Persons

Beyond being helpful in learning about sex education instruction, resource persons can be of great assistance to the special educator wanting to offer sex education. At the beginning, it is wise to review content and general methodology with the recognized experts in the building and school district. This could be the nurse, health educator, home economics teacher, science teacher, or another member of the faculty. If they are involved, they may offer useful suggestions. Even if they don't, their review provides credibility to what is being done. The ability to state that the purposes and content of the special education sex education program have been reviewed and are consistent with what general education students receive is important. This can promote greater acceptance by parents and administrators of the program that is to be implemented.

Building-based resource persons may be available and willing to co-teach in the sex education program. Where that is the case, it increases the opportunity to generate discussion and do small group work. If co-teaching the entire course isn't possible, maybe others can co-teach part of it. The science teacher could help with

genetics and heredity, the nurse could help with birth control and prenatal care, or the home economics teacher could help with the needs of newborns and infants. Obviously, this is a small listing of possibilities. Co-teaching implies more than having a guest speaker; it means co-planning, too. If not available as co-teachers, those same staff members would make excellent guest speakers.

Table 3

Selected Commercial Materials

Scriptographic Booklets
Channing L. Bete Company, Inc.
South Deerfield, MA 01373

Inexpensive and short booklets that can be used to guide discussion. Graphics are used and content is written to be of interest to students. The booklets could be used by resource teachers. Below are only a few of the many titles offered.

"As You Grow Up"

A booklet that describes puberty and sexual development of boys and girls. It covers reproductive organs, sexual intercourse, questions and myths about pregnancy, fetal development, and heredity.

"Making Responsible Choices About Sex"

A booklet that discusses responsible choices and sexual behavior. It includes determining if you are ready for sex, evaluating reasons for sexual activity, the option of saying "No", and resource persons a teen can go to for help.

"As Boys Grow Up"

This booklet defines puberty, discusses the physical changes that boys experience, explains male sex organs and introduces the terms "erection", "ejaculation", "wet dreams", "masturbation", and "orgasm", and discusses reproduction. Birth control is introduced. It also addresses social questions of concern to boys and ways to take care of their growing bodies.

James Stanfield Publishing Company
P. O. Box 1983T
Santa Monica, CA 90406

"Sexuality and the Mentally Handicapped"

This is an excellent program developed for mentally retarded adolescents, young adults, and adults. It uses a scripted slide presentation format with a teacher's guide. Slides showing male and female nudity, not graphics, are used. This makes the concepts and scripting more understandable and believable to students. Content covered includes parts of the body, male

puberty, female puberty, sexual behavior, human reproduction, birth control, venereal disease, marriage, and parenting.

The explicit nudity shown in the slides makes it critical that the teacher know the content and materials before using the program. Also, it is important that parents and administrators be aware of the explicit nature of the materials before they are used. Communication with parents while the program is being used is recommended.

This program may be too explicit for some schools. However, a review of the program is highly recommended. It provides an excellent model for introducing and discussing abstract concepts that are difficult to teach.

James Stanfield Publishing Company
P. O. Box 1983T
Santa Monica, CA 90406

"Circles I: Intimacy and Relationships"

This is a slide program with audio-tapes and an instructor's manual. It uses the "Circles Concept" to teach students the characteristics of different relationships and behaviors appropriate to each. In the center of the circle are those relationships that are closer to the individual and more intimate. As relationships move from center circle, they are less intimate and acceptable interactions are defined. Part I: Social Distance and Part II: Relationship Building. While designed for students at the moderate and low mild level of mental retardation, this contains important information and good methodology.

"Circles II: Stop Abuse"

This is a slide program with audio-tapes and an instructor's manual. It is a continuation of Circles I. It teaches students to specifically recognize and avoid sexually threatening and abusive situations. Step-by-step protective strategies and behaviors are presented. While designed for students at the moderate and low mild level of mental retardation, this contains important information and good methodology

Hubbard Scientific Company
P. O. Box 104
Northbrook, IL 60065

The materials described below were developed by Biological Sciences Curriculum Study (BSCS) through federal funding. The program was developed specifically for and field-tested with mentally retarded students. Many teachers in Iowa were involved in the field- testing.

"Me Now"

This is a two-year program for students between about age 10 to 13. It is a science program that includes units on Digestion and Circulation; Respiration and Body Wastes; Movement, Support, and Sensory Processes;

and Growth and Development. It uses a multimedia approach and emphasizes active involvement and adjusted vocabulary. An extensive teacher's guide with script is provided.

Unit Four, Growth and Development, provides an excellent foundation in sex education for students at the elementary level. It can be taught independently of other units. Because it was developed for the population, it is sensitive to the learning characteristics and social needs of the students. The unit includes the physical changes of students at different ages, developmental differences between boys and girls and within each sex, male and female body parts, reproduction, fetal development and the birthing process, needs of infants and young children, and how people change as they grow from elementary age through the teens to adulthood and old age. Slides, using colorful graphics, are used to assist in student mastery of concepts.

Hubbard Scientific Company
P. O. Box 104
Northbrook, IL 60065

"Me and My Environment"

This is the junior high extension of the science program developed for mildly handicapped students. It contains five units that can be taught over a three-year period. The units can be taught independently. The units include Exploring My Environment, Me As An Environment, Energy Relationships in My Environment, Transfer and Cycling of Materials in My Environment, and Water and Air in My Environment.

The unit titled "Me As An Environment" has a direct relationship to sex education. The unit examines things that can live in and on our bodies. Entry points for bacteria are reviewed, which include genital openings. Prevention of venereal disease is discussed as part of disease prevention. General body care and cleanliness, as well as the need to maintain a clean environment, are issues incorporated in the unit. Figures 1 and 2 show two pages from a booklet that accompanies this unit.

Project Pride
Sarah Litch
1608 Rackeweg Rd.
Ft. Wayne, IN 46804

"Toward the Prevention of Mental Retardation in the Next Generation"

This is resource material that should be available in each of the AEA libraries. Also, it was distributed statewide in 1978 and may still be available in many schools. The program is a sex education program that was designed to provide information important to teens and to communicate at a need level to which they could relate, i.e., the prevention of mental retardation. Much of the material could be used as is, or in a modified form, with special education students. The program is divided into the following units: The Teenager, The Man and Woman, The Man and Woman Planning for a Child, The Pregnant Woman and Father,

The Mother in Labor and Delivery and the Father, The Parents and the Newborn, The Parents in Their Role as Dietician, The Parents in Their Role as Doctor, The Parents in Their Role as Household Manager, The Parents in Their Role as Teacher, The Parents in Their Role as Psychologist, and The Parents in Their Role as Lawyer.

This material is designed to be interfaced with existing classes in biology, health, home economics, etc. It could, with organization and planning, be used as a basis for sex education for special classes.

Guest speakers are excellent resources and can perform a great service for the teacher. They can introduce difficult content or, as with sex education, potentially embarrassing subject matter. Since the teacher is a member of the audience, he or she is in a natural role to do a follow-up with students to check for understanding or to develop the themes introduced by the guest speaker. Since the topic (e.g., masturbation, homosexuality, feelings at the time of sexual arousal) has been discussed in class, the ice is broken. It can be easier for the students to discuss the concepts and use the words openly with the teacher because someone else did it first. Table 4 lists possible topics for guest speakers.

Resource persons, usually school-based or AEA personnel, can help to evaluate student learning. Since paper-pencil tests hardly measure the important aspects of sex education, especially for special education students, a more informal and verbal method must be used. Resource persons can be used to meet with students on an individual basis, or in groups of two, to find out what students know. Questions can be provided by the teacher. Students need to be forewarned and a rationale provided. The setting needs to be non-threatening, the students comfortable with the person, and the person comfortable in re-teaching concepts as appropriate. The advantage of this is that the teacher can insure that every student has someone with whom they are comfortable and that student understanding is thoroughly evaluated. This approach can avoid the problem of student embarrassment in discussing content with a teacher of the opposite sex. While the teacher must approve of the person, there is no reason that students could not be involved in choosing the person by whom they would be tested. Student preparation could be done by having the students first meet with the tester(s) on less sensitive aspects of sex education. The approach can be used throughout the course, as well as at the conclusion of the course.

A recently established resource is TeenLine. It is a 24-hour statewide telephone information/referral service available in Iowa. Located in the Spectrum Unit, Methodist Hospital, Des Moines, TeenLine is sponsored by the Iowa Department of Health. The telephone number is 1-800-443-8336. TeenLine is also able to provide information so students can locate appropriate agencies in or near their own community. Some of the topics related to sex education include AIDS, Young Women's Resource Center, family planning agencies, suicide lines, drug and alcohol addiction, and child abuse. Teenline is able to assist in a broader number of topics than those mentioned above (e.g., cancer information, runaway assistance, and eating disorders).

The teacher may choose to teach students about TeenLine. Also, the teacher can call TeenLine as a way to identify resources that serve the local community. School nurses and school social workers tend to be most knowledgeable about toll-free information services. Teachers can contact them to get information on other such services that may be useful.

Table 4

Topics for Resource Persons

1. Methods of Birth Control
2. Effect of Health (Alcohol or Drugs) on Unborn Child
3. Genetics - How Parents Contribute to Their Child
4. Community Resources for the Sexually Abused
5. What Marriage Is Really Like
6. What Being Single Is Really Like
7. Prevention and Control of Sexually Transmitted Diseases
8. Changes in the Mother (Physically and Emotionally) During Pregnancy
9. Medical Care of the Mother and Unborn Child
10. The Birthing Process - Labor, Delivery, First Few Days
11. Needs of a Newborn - Physically, Economically, and Emotionally
12. Needs of a Child During the First Two Years of Life
13. Cost of Having a Child
14. What It Is Like Being a Teenage Mother
15. What It Is Like Being a Teenage Father
16. Parent Behaviors That Threaten the Unborn Child

Pre-Instruction Activities

Pre-instructional activities which prepare both the school and the community are necessary. The last thing a teacher wants is to create a controversy about what is being taught in the classroom. Controversy is nonproductive and energy consuming. Sex education is perhaps one of the few school subjects where controversy is possible. The risk of encountering problems can be reduced through the following types of activities:

1. Verify the appropriateness of the content with others (e.g. professional resources).

2. Have a rationale for what is to be taught.

3. Review the content with the building principal and obtain approval.

4. Use IEP conferences and other parent conferences to prepare parents for the need for sex education information.

5. Include sex education goals and objectives in the IEP. A sample IEP goal and objective is shown in Table 5.

6. Obtain parent approval for student participation. Provide options if parents do not want their students to participate.

7. Offer to review the program with parents. Schedule a parent meeting if it seems useful.

8. Keep parents informed. This can be done daily, weekly, or as new topics are introduced. Table 6 is an example of information sent home to parents in one school program.

9. Encourage parents to call if they have questions.

10. Encourage students to discuss content with parents if they wish. Inform parents that you are encouraging students to do this. Let parents know that it is Okay if students choose not to discuss it with them.

Table 5

Sex Education Goal and Objective Used At
Ruby Van Meter School, Des Monies Public School

Goals and Objectives

WILL PROGRESS TOWARD ACQUIRING FUNCTIONAL SKILLS IN SEX EDUCATION.

1) WILL DEMONSTRATE A GREATER KNOWLEDGE OF AND MORE POSITIVE ATTITUDE TOWARD HIS OWN SEXUALITY THROUGH INCREASED KNOWLEDGE IN THE AREAS OF: NAMING BODY PARTS AND MATURATIONAL CHANGES, APPROPRIATE BEHAVIORS, REPRODUCTION AND BIRTH CONTROL, AND WILL DEMONSTRATE A MORE POSITIVE ATTITUDE TOWARD HIS OWN SEXUALITY AS DOCUMENTED BY PRE-TEST AND POST-TEST. *

( ) OBJECTIVE MET ( ) PROGRESS MADE ( ) NO PROGRESS

* If no pre-/post-test was developed, the criteria could be altered to either "as measured by class participation" or "as measured by performance on teacher tests." The words "greater" and "more" would need to be removed from the objective.

Table 6

Example of Parent Communication

Ruby Van Meter School
Sex Education Class

DATE _____

This is an outline of what we plan to discuss in one class period. Topics not completed today will be crossed out. These will be discussed during the next class. If you have any questions or concerns, please call (teacher's name) at Ruby Van Meter School, (telephone number). You may want to save these outlines for discussions with your child. Please encourage him/her to talk with you about class topics.

BIRTH CONTROL

1. Review birth control
2. Ineffective methods of birth control
3. Abortion, adoption, keeping baby

(The wording of the information permits the teacher to have the material prepared prior to each class period. Parents have received orientation to the sex education program and anticipate receiving outline sheets.)

The confidence of parents in the teacher is critical to avoiding controversy. The better the communication prior to the sex education program, the more comfortable parents will be with it. Parents must be assured that the teacher is providing information and letting students form their own values in conjunction with the guidance of the home.

Ideas for the Classroom

Once the decision has been made to teach sex education, the planning, organizing, and sequencing begins. Ultimately, the teacher must translate the desired outcomes for the age level into a series of lessons. What follows are a few ideas that the teacher might use. Naturally, these ideas would need to be adapted to fit the age level and needs of the students being served. The ideas are organized under three categories: student preparation, student involvement, and major concept learning.

Student Preparation

Preparation of students for a sex education program is important. The teacher wants the students to approach the content with the attitude that it is for individuals who are mature, responsible, and ready to handle grown-up information. Students should feel privileged that the teacher feels they are ready to learn about the subject. Some techniques that could be used are described below.

1. Survey the students as a class to see if sex education is something they would like to study during the year. Later on the unit can be introduced as a response to student request.

2. Create a true-false test the students can complete. Questions like:

   a. Males should understand their own bodies and the bodies of females.

   b. Males and females share responsibility for creating children.

   c. Disease can be spread through having sex.

   d. The health of a pregnant woman can affect an unborn child.

   The questions can be read, answered, and then the class can discuss the rationale for the answers. The discussion can lead to a listing of the topics the class would like to study or questions to answer. The teacher can guide the discussion to insure that the desired scope of the program is included in the student listing of topics or questions.

3. The teacher can start the class through a dramatic introduction. He or she might say, "We are going to study one of the most important and private parts of human life. It is only discussed and understood by students when they are responsible and mature. We are going to study how life is created and how we grow up to be men and women. What does created mean?"

4. Student preparation also involves some class rules or agreements. This might include:

   a. We are all here to learn; no one knows everything.

   b. It is O.K. to ask any question.

   c. It is not O.K. to laugh at others.

   d. It is O. K. to use some words that we usually don't use in school.

   e. What is talked about in class is private and should only be discussed in private situations with others.

Preparing students attitudinally for the class is important. By making them feel special because of the grown-up nature of the content and by creating a comfortable environment, the teacher is going to get more student involvement. This is critical if students are going to ask the questions that are of concern to them.

Student Involvement

Actively involving students in each lesson is important. The limited reading level of students means that a great deal of discussion must occur. Also, students must be given the chance to express their own opinions and hear the opinions of others to form personal values. The ideas that follow are designed to make it easier to involve students.

1. The language experience approach is a method of recording information on a transparency or blackboard. The content is created by the class and permits involvement of all students. This is useful because appropriate print material will be limited. It can be typed on dittos and distributed or students can keep notebooks. It is an especially good method for summarizing a class period and contributes to review.

2. Role play is a useful technique. For some students, knowledge will not generalize to behavior without some practice. Students can role play what they would do if they are approached by a stranger, want to ask someone for a date, are put in an uncomfortable sexual situation, and so forth. Role-play cards can be developed and students can draw cards to see what role they play.

3. Speakers can be recommended by students. Prior to a speaker's coming, the students can develop the questions that will be asked. These questions can be assigned to students to ask speaker. This may make it easier for the students to look for the important information to be shared by the speaker.

4. Student committees can be formed to discuss such things as the rights of unborn children, the responsibility of pregnant women for the health of the newborn, or the disadvantages of being a teenage parent. The teacher will need to provide assistance. However, the approach will help students to form their own opinions.

5. Students can make lists or collages of things they would have to buy if they were parents--including the costs. They can also make lists or collages of things they would like to have, but would not be able to afford.

6. The class can construct a story, using an experience approach, of how the lives of two teenagers were changed as a result of becoming parents.

7. Students can practice what they would say under high stress situations. These situations might include the sexual advances of a stranger or wanting to tell their current romance that they are not ready for sexual relations.

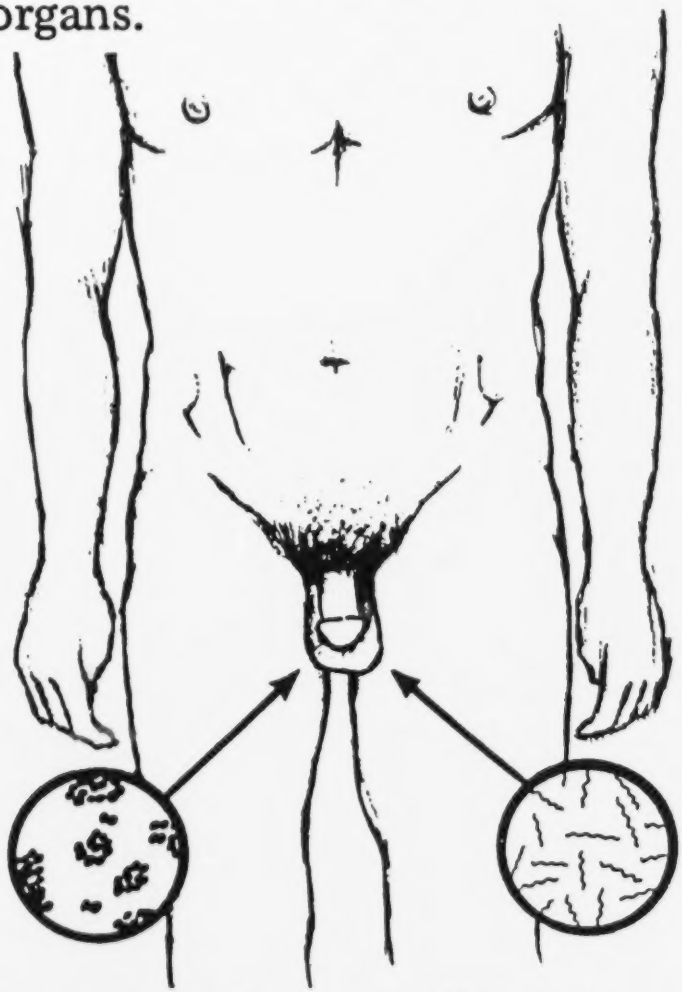
8. The class can visit such places as doctors' offices, family planning clinics, or hospitals to discuss a variety of possible topics.

9. Materials that are visual and easy for students to understand can be developed or selected. Figures 1 and 2 show two pages from What You Should Know About VD, a booklet that accompanies the "Me and My Environment" program described in Table 3.

Figure 1

Example of Materials that Promote Student Understanding

The microbes usually come into the body through the sex organs.



The microbes usually enter a male through his penis.

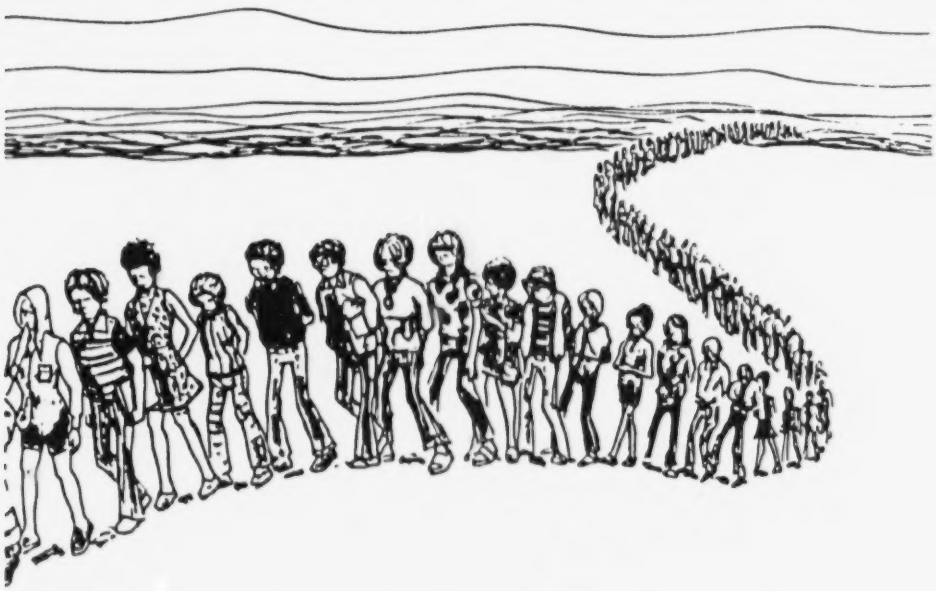
What You Should Know About VD, Hubbard, Northbrook, Illinois 60062, p. 18

Figure 2

Example of Materials that Promote Student Understanding

This year more than one million (1,000,000) Americans will report getting gonorrhea.

More than 95,000 Americans will report getting syphilis.



About 500,000 teen-agers will get VD this year!

What You Should Know About VD, Hubbard, Northbrook, Illinois 60062, p. 24

10. Games can be created to provide practice on factual information. For example, using game cards, students can be asked to define terms such as masturbation, intercourse, or birth control. Students can also be asked to name three things that would be harmful to the unborn child, responsibilities of adults before they decide to become parents, or community resources available. A game format permits involving students at a variety of cognitive levels.

11. Calendar activities can be used to calculate time between menstrual periods or from conception to birth. Such activities work better if every student can have his or her own calendar to use.

Major Concept Learning

The teacher must identify the major concepts that are important to the age group. These should be translated into statements the students can understand and there should be agreement that they are true. These can be learned through usual rehearsal strategies. Examples of these concepts include:

1. Everyone's body is private property.

2. There is public and private behavior.

3. No one has the right to force anyone sexually.

4. Children may not be used sexually.

5. It is O.K. to say "No" to sex.

6. No one should produce children he or she doesn't want.

Another major concept focuses on the real-life nature and needs of babies. The messages communicated about babies tend to be lopsided. Babies are shown as cute bundles to be loved and to return love. People who have babies are admired by others and, idealistically, having a baby causes a female-male relationship to become stronger. The adults around students, especially teachers, help to perpetuate this one-sided picture of parenthood. When students see adults about to become mothers or fathers, they only see the glow of prospective parenthood. They do not see all the factors that have created a readiness for the responsibility.

Students with mental disabilities should not be allowed to develop a "babies are beautiful" attitude without also understanding the economic, physical, and emotional realities of parenthood. Resource persons and films are helpful in balancing the information received by students. If resource persons are used, they will need some orientation on the importance of discussing the disadvantages of pregnancy and parenthood, as well as the advantages. The physical changes in the woman, the fatigue and restrictiveness of caring for a child, and the personal sacrifices because of medical and other costs should be brought out. This may have to be exaggerated because the resource persons most available will not be young adults or adults with mental disabilities. The conclusion should not be, "Regardless, it was all worth it." Instead, the conclusion should be that there are many sacrifices and responsibilities that go with being a parent and, "Every person must decide if he or she is ready for parenthood before producing a child."

Identification of major concepts is an essential aspect of the teaching process. Facts and technical information are lost over time. The major concepts are those that will last if instruction is directed toward them in the sex education program. Unless they are identified, they cannot be taught.

Alternate Lifestyles

In our society, everyone does not fall in love, get married, and have children. Today, men and women have decided to delay marriage longer than in any other time period. Also, all people who get married do not have children. Some people elect to stay single and live with their families, with roommates, or by themselves.

It is fortunate for students with mental disabilities that this variation in adult patterns is now more visible and more acceptable. Not all students will be getting married. Some students may live in group homes or supervised apartments, often with little opportunity for sexual activity. Some students will not be mature enough or attractive enough to date while in high school. Some students will find that the realities of their income prohibit moving away from home and being totally independent. While this may not be the social freedom we would wish for our students, it is the situation that exists.

Sex education instruction should reflect the variations that do exist in adult lifestyles. By openly discussing the variations, the student who does not date, by choice or lack of opportunity, can be prevented from evaluating himself or herself negatively. Such discussion can also create a broader range of acceptable alternatives for students as they enter adulthood. Students should not be restricted to a single viewpoint of adult male or female lifestyle. This expanded view of what is normal will better enable students to make choices or respond to their circumstances without a feeling of being inadequate as a male or female. Individuals who are not married, live with parents, or live alone make good guest speakers.

The Resource Teaching Program and Sex Education

The resource teacher will rarely, if ever, be able to design and implement a sex education program. The purposes of a resource program and student scheduling are major barriers to sex education for resource students. Consequently, the resource teacher must take other measures to insure that students receive sex education.

The major strategy that a resource teacher can use is to see what opportunities for sex education exist in the general education program. The teacher can see that the student is scheduled into those classes as appropriate. Support to the regular teacher and student can be provided as in any course. For many resource students, this may meet their needs.

Some resource students will need more than what is provided in the general education program. In those situations, the teacher can turn to others for assistance. The school nurse, counselor, health educator, or school social worker might be someone that can help provide basic information to a student. Naturally, this should be discussed with those persons prior to initiating any such program. The goal is not only to see that information is provided, but also to establish a linkage between the student and the other person. The linkage is important to insure that the student has someone to ask for guidance or additional information over time.

Resource teachers are discouraged from becoming the primary source for students who need sex education information. Not only are there persons who are better prepared, but also the resource teacher has a very personal, established relationship with the student that may not be compatible with the directness and subject matter of sex education. The teacher should also be able to use these other resources in working with parents. The resource teacher may not be accepted as a sex educator readily by some parents, whereas the other professionals may be granted more credibility because of their positions in the school.

Reporting of Possible Sex Abuse of Students

Under Iowa law, teachers are mandatory reporters of child abuse. That is, teachers must report to the Child Protective Investigative Unit, Department of Human Services, suspected child abuse, and sexual abuse is one of the types of child abuse. Emphasis must be placed on the word "suspected". The teacher is not responsible for establishing that abuse has or has not occurred. Instead, the teacher is responsible for reporting if there appears to be reasonable information to cause abuse to be suspected.

It is possible that during a sex education course a student may say something to cause the teacher to believe that sexual abuse may have occurred or is occurring. This will most often come up when social taboos about sexual behavior or the right to privacy is discussed. Sometimes students will tell teachers in confidence that something has happened to them. If there is reason to believe that sexual abuse has taken place, the teacher must file a report of possible child abuse in those cases. It is the law. The school nurse and school social worker are useful resources for reviewing the procedures for reporting suspected child abuse.

SUMMARY

Students with mental disabilities have the same need for sex education as nonhandicapped students of comparable chronological age. For many reasons, the ability of those students to acquire information without formal instruction is limited. Unfortunately, there is little evidence to show that much attention has been given to including well-defined sex education in the curriculum. A major reason for this is the lack of preparation of teachers to plan and teach sex education. Because of public concern about sexually transmitted diseases, there is now an expectation that sex education be provided in the schools.

The chapter provides information that is useful to teachers wishing to implement a sex education program for students with mental disabilities. Included is information on the scope and purposes of sex education. A major emphasis is the importance of preparing students to make responsible decisions and to define for themselves acceptable values. To assist the teacher, resources for obtaining information about sex education, materials developed for the population, and instructional suggestions are offered. Ways to keep sex education from becoming controversial, along with techniques for communicating with parents, are given.

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Sol Gordon is recognized as a leader in the field of sex education. He has written widely about sex education for disabled and nondisabled students. The above article is one of eight in a special issue on sex education. Information contained in this issue of the journal is still relevant to persons interested in sex education for disabled students.

Kempton, W. (1975). A teacher's guide to sex education for persons with learning disabilities. Belmont, CA: Wadsworth Publishing Company, Inc.

This is an excellent resource book for the teacher. All major topics related to sex education are covered. The book uses examples from the field of mental retardation and seems to be written for educable mentally retarded students. "Learning disabilities" is used in a generic fashion to refer to students with learning problems.